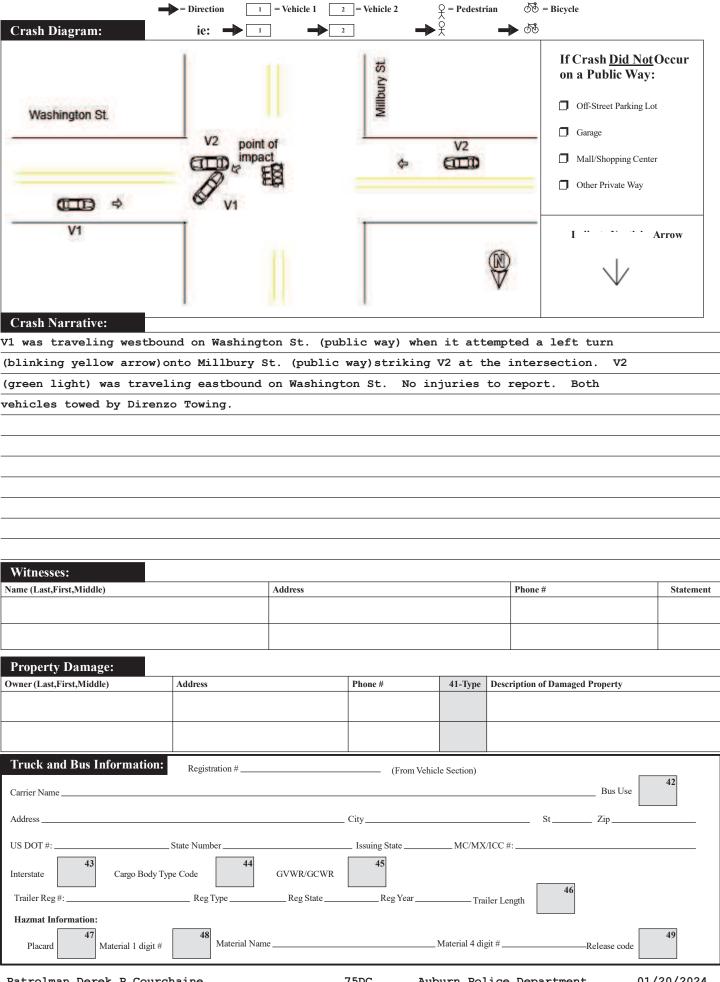
|                       | Police Use Only   | Comn                         | nonwealth o  | of Massa   | chu                                    | setts                | 5                      |                                  | RMV Document Number    |                       |                                  |                |   |
|-----------------------|---|------------------------------|--|--|--|----------------------|------------------------|----------------------------------|------------------------|-----------------------|----------------------------------|----------------|---|
|                       | Date of Crash Time of Crash                               | City/Town                    | <b>Motor Veh</b>   | icle Cras  | sh [                                   | Number<br>Vehicles   | Num                    | rad Speec                        | Limit_                 | 45                    | — Local Police                   |                |   |
|                       | 01/20/2024 <b>1407</b> Aub                                | urn                          | Police 1   | Report   |  | 2                    | 0                      | Latitu<br>Longi                  |                        |                       | MBTA Police Campus Police Other: |                |   |
|                       | AT INTERSECTION:  |                              | < LOCA   | < LOCATION >   |  |                      | NOT AT INTERSECTION:   |                                  |                        |                       | 1                                |                |   |
|                       |   |                              |  |  |  |                      |                        |                                  |                        |                       |                                  | 2 <sup>1</sup> | 0 |
|                       | Route# Direction WASHINGTON ST Name of Roadway/Street     |                              |  | Route# Direction   | <u>Λ</u>                               | ldress #             |                        | N                                | ame of                 | Roadwa                | av/Street                        | - [-           | ╛ |
| <sup>1</sup> 1        | At  |                              |  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       | MILLBURY ST   |                              |  | Feet N S E W of or Exit Nun  |  |                      |                        |                                  |                        |                       | Exit Number                      | <u> </u>       |   |
|                       | Route# Direction Na                                       | ray/Street                   | Feet N S E W of  |  |  |                      |                        |                                  |                        | <b>-</b>  3           | 1                                |                |   |
|                       | Also at Intersection with                                 |                              |  | _  | Route# Intersecting Roadway/Street     |                      |                        |                                  |                        |                       |                                  | _              |   |
| <sup>2</sup> <b>1</b> | Route# Direction Na                                       | /ay/Street                   | Feet N S E W of  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       | Please Select One Vehicle 1.1                             |                              |  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
| 3                     | of the Following:   | #Occupants Hit/              | Run Moped  | Crash Re   | port ID#                               | 24                   | <u>-z</u>              | 3-A                              | <u></u>                |                       |                                  | ╛              |   |
|                       |   | DOB/Age 09/2                 | <b>19/2003</b> Reg #   | 4CXF24   |  |                      | Reg                    | Type <b>PA</b>                   | N                      | Re                    |                                  |                | 2 |
|                       | Sex <b>F</b> Lic. Class D Lic. I                          | DL Veh Y                     | Veh Year <b>2011</b> Veh Make <b>FORD</b> Veh Config. <b>1 21</b>  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       | Operator LOMBO, ANAIA                                     | /INE                         | INE A  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
| <sup>4</sup> 3        | Address 35 5TH AVE AP                                     | Middle Addre                 | ddress 35 5TH AVE APT 1  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       | City <b>WORCESTER</b> State                               | * City                       | City <b>WORCESTER</b> State <b>MA</b> Zip <b>01607-1034</b>        |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       | Insurance Company <b>GOVERNMEN</b>                        | r employees                  | S INSU Vehic   | le Action Prior to Ci  | rash                                   | 4                    | 22                     | Damage                           | d Area (               | Code:                 |                                  |                |   |
| _                     | Vehicle Travel Direction: N S E                           | Responding to Emerg          | ency? 2 Event  | Sequence 2   | 3 23                                   | 23                   | 23                     | Test Star                        | tus:                   |                       | 1 28                             |                |   |
| <sup>5</sup> <b>1</b> | Citation # (If Issued)                                    |                              | Most   | Harmful Event  | 1 <sup>24</sup>                        |                      |                        | Type of                          |                        |                       | 99 <sup>29</sup>                 |                |   |
|                       | Viol. 1: Ch/Sec/Sub                                       | Viol 2: Ch/Sec/Sub           | Drive  | L<br>r Contributing Code   | 19                                     | 9 25                 | 25                     | BAC Te<br>Susp. Al               | г                      |                       | 1                                | 2              | 3 |
|                       | Viol. 3: Ch/Sec/Sub                                       |                              |  |  | 0 26                                   |                      |                        | Towed f                          | L                      | _                     | 33 2 33                          | <u> </u>       |   |
| <sup>6</sup> 1        |   | rator and all occupants invo |  |  | 34<br>Se                               |                      | 36<br>Airbag           | 37 38                            | 39<br>Injury           | 40<br>Transp.         | 1                                | 4              |   |
|                       | Name (Last First Middle)                                  |                              | Address  | DOB/Age  | Sex Po                                 | s. System            |                        | Code Code                        | Status                 | Code                  | Medical Facility                 |                |   |
|                       | Operator  | S                            | ee Above   |  | X 1                                    | 1                    | 4                      | 0 0                              | 10                     | 1                     |                                  |                |   |
|                       |   |                              |  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       |   |                              |  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       |   |                              |  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       | Please Select One   | #Occupants Day               |  |  | 16                                     |                      | 17                     |                                  | 18                     |                       |                                  | 1              |   |
| <sup>7</sup> <b>2</b> | of the Following:   | Non-                         | -Motorist A Type   | Action   | Loca                                   | tion                 |                        | Condition                        |                        | -  '                  | Hit/Run Moped                    |                |   |
|                       |   | DOB/Age 04/2                 | 9/1980 Reg#  | 213FF5   |  |                      | Reg                    | Type <b>PA</b>                   | N                      | Re                    | eg State MA                      |                |   |
|                       | Sex M Lic. Class D 19 Lic. I                              |                              | DL Veh Y   | ear <b>2009</b>  | Veh                                    | Make <u><b>H</b></u> | YUN                    | DAI                              |                        | _ Veh                 | Config. 1                        |                |   |
| <sup>8</sup> 2        | Operator DELLAROCCA, R                                    | Owne                         | Owner DELLAROCCA, RICHARD A  Last First Middle                     |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
| 2                     | Address 101 OLD COMMON                                    | Addre                        | ddress 101 OLD COMMON RD   |  |  |                      |                        |                                  |                        |                       |                                  | 4              |   |
|                       | City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3207</b>  |                              |  | City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3207</b>                                   |  |                      |                        |                                  |                        |                       |                                  |                | 7 |
|                       | Insurance Company THE COMMERCE INSURANCE CO               |                              |  | Vehicle Action Prior to Crash  1 22 Damaged Area Code: 6 27 27 27 27 27 28 Test Status: 28 |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       | Vehicle Travel Direction: NSWW Responding to Emergency? 2 |                              |  | vent Sequence 1 23 23 23 10 10 10 10 10 10 10 10 10 10 10 10 10                            |  |                      |                        |                                  |                        |                       |                                  |                |   |
| <sup>9</sup> <b>2</b> | Citation # (If Issued)                                    | Most                         | t Harmful Event 1 24 BAC Test Result: 1 30                         |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
| 2                     | Viol. 1: Ch/Sec/Sub                                       | Drive                        | Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       | Viol. 3: Ch/Sec/Sub                                       | Driver Distracted by         |  |  |  |                      |                        | wed from scene? 1 33             |                        |                       |                                  |                |   |
| ı                     | Please fill out for operator/no                           | on-motorist and all occupat  |  | DOD/4  | Sex Po                                 | at Safety            | 36<br>Airbag<br>Status | 37 38<br>Eject Trap<br>Code Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Mar in m                         | 7              |   |
|                       | Name (Last First Middle)  Operator/Non-Motoris            | t s                          | Address<br>ee Above  | DOB/Age  | Sex Po                                 |                      |                        | 0 0                              |                        | 1                     | Medical Facility                 | 1              |   |
|                       | operatori interests                                       | -                            |  |  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                      |                        |                                  | -                      |                       |                                  | -              |   |
|                       |   |                              |  |  |  |                      |                        |                                  |                        |                       |                                  | -              |   |
|                       |   |                              |  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |
|                       |   |                              |  |  |  |                      |                        |                                  |                        |                       |                                  |                |   |



Patrolman Derek P Courchaine

Police Officer Name (Please Print)

75DC

Auburn Police Department

01/20/2024

Signature

ID/Badge #

Department

Precinct/Barracks

Date